



Motor Carrier Division
555 Wright Way
Carson City, NV 89711
(775) 684-4711
Fax: (775) 684-4619
mctlc@dmv.nv.gov
dmv.nv.gov

INFORMATION VERIFICATION

Please complete this form to ensure we have the most current and complete information.

Business Information

Account #: _____ Fleet #: _____ FEIN: _____ US DOT #: _____

Legal Business Name: _____ Doing Business As: _____

Contact Information

Name: _____ Title: _____

Primary Phone: _____ Secondary Phone: _____

Cell Phone: _____ Fax: _____

Email: _____

Address Information

Mailing Address: _____
Street City State Zip Code

Physical Address: _____
Street City State Zip Code

Principal/Owner

Name: _____ Title: _____

Date of Birth: _____ Driver License Number: _____ State of Issue: _____

Name: _____ Title: _____

Date of Birth: _____ Driver License Number: _____ State of Issue: _____

Name: _____ Title: _____

Date of Birth: _____ Driver License Number: _____ State of Issue: _____

Name: _____ Title: _____

Date of Birth: _____ Driver License Number: _____ State of Issue: _____

Name: _____ Title: _____

Date of Birth: _____ Driver License Number: _____ State of Issue: _____

Signature: _____ Printed Name: _____ Date: _____